

SMALL CLAIMS CROSS-CLAIM

Cross-claimant (**original defendant**)

Address

City, State, Zip

Telephone number

Vs.

Cross-claim defendant

Address

City, State, Zip

IN THE HAMILTON SUPERIOR COURT NO. 6

One Hamilton County Square, Suite 215

Noblesville, Indiana 46060-2231

Telephone: (317) 770-4450

CAUSE NO. 29D06-_____ **-SC-**_____

Service by: ___ Sheriff of _____ County
___ Certified Mail

Attorney (optional) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Attorney No. _____

NOTICE OF CROSS-CLAIM

TO THE CROSS-CLAIM DEFENDANT:

You have already been named as a defendant by the plaintiff. By this cross-claim complaint, a co-defendant in this case (the cross-claimant named above) is asserting that you are also liable to the cross-claimant as set out below. This cross-claim and the original claim will be heard in the Hamilton Superior Court No. 6 on _____, 20____, at _____m. The cross-claimant may be given a default judgment against you if you fail to appear at that time.

The cross-claimant's claim is for: ___ Account or Note (copy attached) ___ Damages ___ Wages

___ Set-off ___ Other (specify) _____

A brief statement of the nature of the cross-claimant's claim against you is as follows: _____

The cross-claimant demands judgment against the cross-claim defendant for \$_____ plus interest from _____, 20____, at the rate of _____% and the court costs of this action.

Date

Signature of Cross-claimant (or attorney)

IMPORTANT INFORMATION CONCERNING THIS CLAIM

1. The Plaintiff or the Defendant may represent themselves individually or be represented by an attorney. A Small Claims Litigant's Handbook is available at the offices of the Clerk or Court for each party's benefit. The Plaintiff and Defendant should bring to trial all documents in their possession or under their control concerning this claim. The Court does not conduct a contested trial on the first hearing date except in request for eviction or, if time permits and both parties are prepared to go forward.
2. A default judgment may be entered against the Defendant if he or she fails to appear for the first hearing or the trial, and if the Plaintiff fails to appear, the case will be dismissed (but may be refiled once more).
3. If the Defendant does not wish to dispute the Plaintiff's claim, the Defendant still may wish to appear to allow the Court to establish the method for paying the judgment.
4. Any request for continuance of the first hearing or trial date by either party should be filed with the Court at least 5 days before the hearing date. Forms requesting a continuance are available at the Court's office. The party requesting a continuance must contact the other party regarding the request.
5. The Defendant must file with the Clerk and provide the Plaintiff with a written statement of any Counterclaim against the Plaintiff at least 7 calendar days before the trial. Forms are available for this purpose.
6. If a settlement of this claim is made out of Court, it should be in writing and signed by the Plaintiff and Defendant. Settlement forms may be obtained from the Court. The settlement shall be filed with the Court and will be entered in the Small Claims Docket and shall have the same effect as judgment of the Court.
7. The filing of a Small Claim waives the Plaintiff's right to trial by jury. The Defendant may, no later than 10 days following service of the Notice of Claim, make a demand for a trial by jury in writing, in accordance with Indiana Code 33-5-2-7. If a jury trial request has been granted, it may not be withdrawn without consent of both parties. Both parties should then obtain attorneys. The Defendant must pay a \$70 fee at the Clerk's office within 10 days after the jury request has been granted, otherwise, the Defendant gives up the right to a jury trial.

SHERIFF'S RETURN OF CROSS-CLAIM

I hereby certify that on the below date:

___ I served this Cross-Claim by delivering a copy to the Cross-Claim Defendant.

___ I served this Cross-Claim by leaving a copy:

___ at the dwelling or usual place of abode of Cross-Claim Defendant;

___ with a person of suitable age and discretion residing therein, namely _____

___ and by mailing a copy of the Cross-Claim Defendant, by first class mail, to the address listed on the Cross-Claim (date copy mailed if different from below: _____)

___ I was unable to serve this Cross-Claim because _____

Date: _____

Sheriff of _____ County

By: _____

